

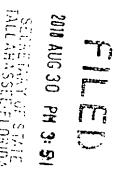
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COVER LETTER

Division of Corporations								
Aspire Research Group LLC SUBJECT:								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Offic	ce Change and fce(s) are submitted for filing.							
Please return all correspondence concerning this	s matter to the following:							
Jennifer Filla								
Name of Person								
Aspire Research Group LLC								
Firm/Company			2018					
701 S. Howard Ave Ste 106-447		X 12.2	2018 AUG 30					
Address		SEC						
Tampa FL 33606		of Size	PH 3:					
City/State and Zip Code		Şâ	ट्य					
jen@aspireresearchgroup.com								
E-mail address: (to be used for future annu	ual report notification)							
For further information concerning this matter, p	please call:							
Jennifer Filla	727 202-3405							
Name of Person	Area Code & Daytime Telephone No	ımber						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclosed is a check for the following a	amount:							
2 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy							

TO: Registration Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

1. N	ame of the limited liability company: Aspire Research	arch G	roı	up LLC				
2. (a)	701 S. Howard Ave Ste 106-447		(b)	701 S. H	Howard Ave Ste	106-4	47	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limit			1
	Tampa FL 33606			Tampa f	FL 33606			
	12/18/2008		Ł	080001	15242			
3.	Date of filing/registration in Florida	4.	_	·- ·- ·	Document number	r		
5. (a)	, Jennifer Filla							
J. (a	Registered Agent and Registered Office shown on the records o 13799 Park Blvd #328	f the Flori	da	Dept. of State	- e:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE:	SS)		_			
						Egg.	2018	
	Seminole	L33770	6		_	5-8	a Aug	
	, r	L			_	355	ji S	egra.m
(b)	Jennifer Filla				_	SE	0	German.
` `	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	add	ress:			PΜ	
	701 S. Howard Ave Ste 106-447				_	OKIDA	اران ئ	Same of
	NEW Registered Office Address:							
					-			
	Tampa _F	L33600	6					
the ch agent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization of the operating agreement of the attree of a member or authorized representative of a member	of the reginability of the limited Lim	gist cor mi I li enr	ered office npany, it is ted liabilit ability con nifer Filla	e and the business of shereby confirmed y company or as of npany. Printed or typed name	office of that the herwise	the rechange	gistered ge(s) ded in
provis the ob to mer	eby accept the appointment as registered agent and age sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, led in writing of this change.	e perfori	ma	nce of my	duties, and I am lai	miliar w	ith an	d accent
Signat	yre of Begistered Agent							
	An or Ambruoten i them							